

RECEIVED  
CENTRAL FAX CENTER

001

OCT 27 2006

## FAX TRANSMISSION

DATE: October 27, 2006

PTO IDENTIFIER: Application Number 10/693,232  
Patent Number

Inventor: Stephen A. Raymond et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: WILMER CUTLER PICKERING HALE AND DORR LLP

Donald R. Steinberg

PHONE: (617) 526-6000

Attorney Dkt. #: 0112995.00128US6

PAGES (Including Cover Sheet): 4

CONTENTS: Power of Attorney, Revocation Change of Correspondence Address (1 page)  
Statement under 37 CFR 3.73(b) (1 page)  
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 526-6000 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

WILMER CUTLER PICKERING HALE AND DORR LLP  
60 State Street, Boston, Massachusetts 02109  
Telephone: (617) 526-6000 Facsimile: (617) 526-5000

PTO/SB/97 (09-04)

Approved for use through 07/31/2008. OMB 0851-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (If known): 10/693,232

Attorney Docket No.: 0112995.00128US6

**Certificate of Transmission under 37 CFR 1.8**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on 27 Oct 2006  
Date

  
Signature

---

Stephanie R. Douglas

---

Typed or printed name of person signing Certificate

---

Registration Number, if applicable

---

(617) 526-6000

---

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Power of Attorney, Revocation Change of Correspondence Address  
(1 page)  
Statement under 37 CFR 3.73(b) (1 page)

RECEIVED  
CENTRAL FAX CENTER

## BEST AVAILABLE COPY

OCT 27 2006

PTO/SB/81 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM

Application Number	10/693232
Filing Date	October 24, 2003
First Named Inventor	Stephen A. Raymond
Title	HEALTH MONITORING SYSTEM
Art Unit	3762
Examiner Name	S. M. Getzow
Attorney Docket No.	0112995.00128US6

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number: **23483**  
 OR  
 Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:  
 OR  
 The address associated with Customer Number:   
 OR

<input type="checkbox"/> Firm or Individual Name: <b> </b>		
Address: <b> </b>		
City: <b> </b>	State: <b> </b>	Zip: <b> </b>
Country: <b> </b>	Telephone: <b> </b>	Email: <b> </b>

I am the:

Applicant/Inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature: <b>Stephen N. Hicks</b>	Date: <b>10/12/06</b>
Name: <b>BRIAN N. HICKS</b>	Telephone: <b> </b>
Title and Company: <b>Corporate Counselor</b>	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

<input type="checkbox"/> Total of <b>1</b> forms are submitted.
---

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: **27 Oct 2006**Signature: **Stephen A. Raymond**

10/27/2006 11:00 FAX

W C P H AND D LLP

004

10/16/2006 10:30 FAX 617 525 5011

013/013

RECEIVED  
CENTRAL FAX CENTER

OCT 27 2006

PTO/SB/96 (12-05)

Approved for use through 07/31/2008, OMB 0651-0091  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**STATEMENT UNDER 37 CFR 3.73(b)**

Applicant/Patent Owner: Brigham and Women's Hospital

Application No./Patent  
No./Control No.: 10/693232 Filed/Issue Date: October 24, 2003

Entitled: HEALTH MONITORING SYSTEM

Brigham and Women's Hospital (Name of Assignee) a non-profit corporation (Type of Assignee, e.g., corporation, partnership, University, government agency, etc.)

states that it is:

1.  the assignee of the entire right, title, and interest; or
2.  an assignee of less than the entire right, title and interest.

(The extent (by percentage) of its ownership interest is \_\_\_\_\_ %)

in the patent application/patent identified above by virtue of either:

A.  An assignment from the Inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 007356, Frame 0318, or a true copy of the original assignment is attached.

OR

B.  A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

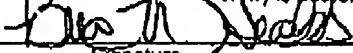
3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

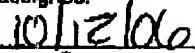
Additional documents in the chain of title are listed on a supplemental sheet.

As required by 37 CFR 3.73(b)(1)(ii), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

  
Signature

  
Date

**BRIAN N. HICKS**

Director

Proteorate Sponsored  
Research and Licensing

Telephone Number

Title

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 27 Oct 2006

Signature: 